Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>07-16-2010</u>	Address:	5537 B 75 S	
Case#:	<u>16F19832</u>		Rochester, IN 46975	
County:	<u>Fulton</u>			
Type of La	aboratory Scizure (check one)	Scizure Location (e	eizure Location (check all that apply)	
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	Hotel/Motel Open – No Structure Other:	
(check all the Lithium	n/Ammonia Reaction(s): N/A	ir, etc)		
Red Phosphorous/Iodine Reaction(s): N/A				
Flammable Solvents: kitchen pantry				
Water Reactive Metal (Lithium): <u>burn pile</u>				
Anhydrous Ammonia: N/A				
Hydrochloric Acid Gas Generator(s): N/A				
Corrosive Acid: garage				
Corrosive Base: kitchen pantry				
Other (i	tem and location): <u>N/A</u>			
Child under age 18 discovered (check one) Yes 0 (number present) No *If yes, fax report to Child Protective Services		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:Fulton Co. Investigation		
This repor	t is to be faxed to the following ager	icies that serve the lo	cation:	
Fire Depart	ment: Rochester VFD	Fax: (574)2		
Health Department: Rochester Health Dep		Fax: <u>(574)2</u> Fax: <u>N/A</u>	223-2335	
Child Prote	etion Service: <u>N/A</u>	140. <u>1771</u>		
Investigatir		nc (765) 473-6666		
	* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.			

This form is to be included with the case file, and a copy sent to the Clandestino Laboratory Team Leader for retention.